

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

MHN

PLAINTIFF	COURT CASE NUMBER <b>08C2414 08cv2414</b>						
Kolawole Smith DEFENDANT	TYPE OF PROCESS <b>S/C</b>						
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Sgt. veronica Harris #302, L.S.U.</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>9501 King Drive, Chicago, IL 60628</b>						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							
<p><b>Kolawole Smith</b> P.O. Box 5290 Chicago, IL 60680-5290</p>							
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td><b>1</b></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td><b>5</b></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form - 285	<b>1</b>	Number of parties to be served in this case	<b>5</b>	Check for service on U.S.A.	
Number of process to be served with this Form - 285	<b>1</b>						
Number of parties to be served in this case	<b>5</b>						
Check for service on U.S.A.							

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
fold

**FILED**  
7-28-2008  
JUL 28 2008 YM

Fold

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		<b>05-30-08</b>

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>4 of 5</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk	TD	Date <b>05-30-08</b>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

*W. Novel**Shift Commander* A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time **pm****7/14/08 11:54 pm**

Signature of U.S. Marshal or Deputy

*D. The*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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*One Service Fee charged same base + location See phrase*

REMARKS: *Sheet # 2 for charges.*